

APPLICANT IS TO KEEP THIS PAGE

REZONE APPLICATION INFORMATION

PLEASE READ CAREFULLY - ANSWER ALL QUESTIONS BEFORE SIGNING AND FILING.

A filing fee of **\$200.00** (plus \$5 per lot) is required to process this application. Please make checks or money orders payable to **HUMBOLDT COUNTY**. At this time, we are unable to take credit or debit cards but cash is acceptable.

1. The completed application, required fee(s), map(s) and any additional information must be submitted to the Humboldt County Planning Department at least **twenty (20) working days prior** to the scheduled meeting. A meeting date schedule is provided with the application form(s).
2. A copy of the application and map(s) will be sent to various City, County, State and other agencies for their review and comments. The staff report will be prepared based upon the information provided in the application and from agency comments. A letter and a copy of the staff report will be mailed to the applicant and/or agent prior to the scheduled meeting.
3. All property owners within three hundred (300) feet of the boundaries of the subject property plus an additional thirty (30) property owners will be notified by mail within ten (10) days prior to the meeting. The meeting will be an advertised public hearing at which time the applicant and all other interested parties will have an opportunity to be heard.
4. The application shall be heard as an agenda item on a regularly scheduled Regional Planning Commission meeting. At the public meeting, the members will recommend the application for approval or denial to the governing body. The RPC, however, may decide to table a request for more information or to make a site inspection, if necessary, in order to make a decision.
5. After the vote, the application will be forwarded to the governing body to be set for public hearing. The public hearing will be scheduled and Planning Staff will notify the applicant of the date and time. At this time, the applicant and/or the public has an opportunity to persuade the governing body to uphold or reverse the RPC recommendation.

Note: In the event a zone change is denied by the County Commission or City Council, an applicant may not institute a new application on the same project within a period of less than twelve months from the date of action by the Commission/Council on the original application, unless it is determined that the original decision was based on an error, lack of information or misrepresentation of the facts, or that there has been a substantial change in the project.

APPLICATION FOR REZONING

Note: The applicant is responsible for the accuracy of the information provided. Please fill in all the spaces. If an item does not apply, please put **N/A** (not applicable) on the line. Include the parcel number and/or the address of the property. Please provide a clear, legible, location map and a copy of the Assessor's Parcel map of the property with this application, if available.

City of Winnemucca

Humboldt County

Applicant/Agent _____

Location/Address of Property _____

Assessor's Parcel # _____

Rezone said property from _____ to _____

Note: If more than one zone change is being requested, describe each parcel separately and indicate the zone requested for each.

Record Owner of Property: (a signed, notarized Affidavit of Ownership is required)

Name of Owner _____

Mailing Address _____

_____ Phone _____

FOR DEPARTMENT USE

Received by: _____ Date: _____

Application No: _____ Name: _____

Meeting Date/Entity: _____

NPH to Property Owners: _____ NPH for publication: _____

REQUIRED INFORMATION

The following information is required for this application. If the material is missing, Staff is authorized to return the application and take no further action until a complete application has been filed. (Enter N/A next to any item that does not apply - Use additional pages as necessary)

- 1. Describe in detail the reasons for requesting a zone change – describe any changes in the area or community that support the requested change.

- 2. Will the newly proposed zone change have any affect upon the existing developed land use pattern in the immediate area, specifically, will the zone change affect land use compatibility?

Yes No

Why or Why Not? _____

- 3. Will granting a zone change adversely affect the public health, safety and general welfare?

Yes No

Why or Why Not? _____

- 4. Will the proposed zone change conflict with the adopted Master Plan for the area?

Yes No

Why or Why Not? _____

BY MY SIGNATURE BELOW:

I consent to having the Planning Department Staff enter onto my property only for the sole purpose of inspecting said property as a part of this application process.

Or

I object to having the Planning Department Staff enter onto my property as a part of their review of this application. (Your objection will not affect the recommendation made by the Staff or the final determination made by the Regional Planning Commission, City Council or County Commission).

I acknowledge that submission of the application does not imply approval of this request by the Planning Department, the Regional Planning Commission, the County Commission or the City Council; nor does it in and of itself guarantee issuance of any other required permits and licenses.

I acknowledge that this application may be tabled until a later meeting if either I or my designated representative or agent are not present at the meeting for which this application is scheduled.

I have carefully read and completed all questions contained within this application to the best of my ability.

Applicant/Agent _____
(Please print or type)

Mailing Address _____
Street or P.O. Box

City, State, Zip Code

E-Mail _____ Phone _____

SIGNATURE _____

OWNER'S AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

I, _____ being duly sworn, depose and state that I am the owner of the property herein described in the application, and that I consent to the filing of this petition.

Signed _____

Mailing Address _____

Telephone Number () _____

Subscribed and sworn before me on _____

(Date)

by _____

(Name of person making statement)

Notary Public in and for said County and State